PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10630325

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			19					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBI	NUMBER EXTRA		BASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			/9 minus 20=		* 0			X\$ 9=	,	OR	X\$18=	
INDEPENDENT CLAIMS			3 minus 3 =		* 0		,	X42=		OR	X84=	·
MULTIPLE DEPENDENT CLAIM PRESENT					, 			+140=		OR	+280=	,
* If the difference in column 1 is less than zero, en					"0" in c	olumn 2		TOTAL		OR	TOTAL	150
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL E	NTITY	OTHER THAN SMALL ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA	ė	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	·	* · · · · · · · · · · · · · · · · · · ·	Minus	,**		=		X\$ 9=		OR	X\$18=	
	Independent FIRST PRESEN	* JTATION OF MI	Minus	***	CLAIM	} =		X42=		OR	X84= ∮	
L	111011112021	CITATION OF MA	JETH LL DET	LINDLIN	ODANI			+140=		OR	+280=	e .
	•			-				TOTAL ADDIT. FEE	· · · ·	OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)									•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	. **		=	* ;	X\$ 9=		OR	X\$18=	
	Independent FIRST PRESEN	*	Minus	***	CLAIM	=		X42=		OR	X84=	
- 1. S			JETH LE JE	CINDEIV	CLAIM	<u>ئىداچلىن.</u> ئىرى	4	+140=		OR	+280=	
- 1		4,				\$		TOTAL ADDIT, FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colur		(Column 3)				1 2		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	***				X\$ 9=		OR'	-X\$18=	
	Independent	***	Minus	***				X42≢ ;		or Or	,X84≡	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT (CLAIM			A Comment				
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+140= . TOTAL	Bille and	OR:	#280≝ TOTAL	
***	If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20" ****If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number								ropriate box	(addit fëë	